



Department of Workforce Services
Small Business Bridge Program
Application

Company Name: _____

Mailing Address: _____

Point of Contact: _____ Title: _____ Telephone: _____

Email Address: _____ Fax Number: _____

Is this company current on all state and federal taxes? _____

Does this company have a current business license? _____

Has this company ever been charged with criminal conduct? _____

How many total jobs currently exist in this company? _____

How many new jobs is the employer creating that qualify for reimbursement (listed below)? _____

Newly Created Jobs

Annual Salary Range	Brief Description of Newly Created Job

Federal Tax ID #: _____ Employer ID #: _____

HR Contact Person: _____ Telephone: _____

Business Owner: _____ Telephone: _____

This application must be approved and an agreement fully executed before a qualifying hire can be made. Please email the completed application to DWS_BridgeProgram@utah.gov.

I understand that the Utah Department of Workforce Services will verify the information I have provided and I certify that the information on this application is true and accurate.

Printed Name and Title of Authorized Agent

Signature of Authorized Agent

Date

